

FACSIMILE: (310) 820-5988

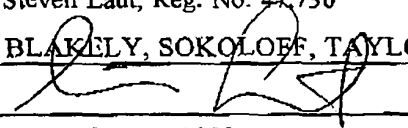
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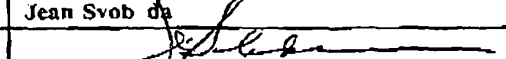
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PAGE 1/21 * RCVD AT 11/24/2003 7:43:29 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729318 * CSID:3108205270 * DURATION (mm:ss):06:12

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/038,164
		Filing Date	January 2, 2002
		First Named Inventor	Casey R. Winkel
		Art Unit	2834
		Examiner Name	Scheuermann, David W.
Total Number of Pages in This Submission	21	Attorney Docket Number	42390P13383

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmission</div>
Remarks		

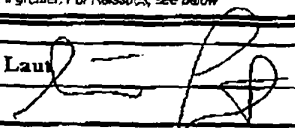
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven Laut, Reg. No. 47,736 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 24, 2003

CERTIFICATE OF MAILING/TRANSMISSION			
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Signature		Date	November 24, 2003

Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 00/11/2003.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2003				<i>Complete if Known</i>	
Effective 01/01/2003. Patent fees are subject to annual revision.				Application Number	10/038,164
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																			
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Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - 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1201	85	2201	49	Independent claims in excess of 3																																																																																																																																																																																	
1203	250	2203	145	Multiple Dependent claim, if not paid																																																																																																																																																																																	
1204	85	2204	43	Reissue independent claims over original patent																																																																																																																																																																																	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																																																																																																																	
SUBTOTAL (1) (\$)		SUBTOTAL (2) (\$) 0.00		SUBTOTAL (3) (\$)																																																																																																																																																																																	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Steven Lau	Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature		Date	11/24/03		

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 08/11/2003.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER

Attorney's Docket No.: 042390.P13383

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Casey R. Winkel, et al.

Serial No.: 10/038,164

Filed: January 2, 2002

For: METHOD AND APPARATUS FOR FRAN
REDUNDANCY

Examiner: Scheuermann, David W.

Art Group: 2834

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AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

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Alexandria, Virginia 22313-1450

Dear Commissioner:

In connection with the Office Action mailed November 6, 2003 regarding the above-referenced application, Applicant respectfully requests consideration of the following remarks below.